

ANTIFREEZE PERMIT APPLICATION

Application for Permit Authorizing Sale of ANTIFREEZE for the Period July 1, 2019 to June 30, 2020.

Under the provisions of Chapter 481, Acts of 1967 as most recently Amended, an application must be filled out and returned to this office with a fee of **Twenty-five dollars (\$25.00)**. Make checks payable to the **Commonwealth of Massachusetts** and mail to: Division of Standards, One Ashburton Place, Rm.1115, Boston, MA 02108
Submit a separate application for each brand.

PLEASE READ THE FOLLOWING INSTRUCTIONS: IF THE FORMULATION HAS NOT CHANGED SINCE THE LAST PERMIT WAS ISSUED A NEW SAMPLE IS NOT REQUIRED.

New Formulation YES ☐ NO ☐

Please send a one gallon sample, in the container in which it is to be sold, prepaid to:
Division of Standards Laboratory- 661 Highland Avenue REAR Needham, MA 02494. If sold in bulk at retail, a one gallon representative sample in a tightly sealed container shall be supplied.

ANTIFREEZE BRAND NAME: _____

SIZE OF CONTAINERS TO BE SOLD: _____

TYPE: ETHYLENE GLYCOL _____ METHANOL _____ OTHER _____

MANUFACTURER'S CODE NUMBER OF FORMULA: _____

I CERTIFY THAT THE SAMPLE ACCOMPANYING THIS APPLICATION IS REPRESENTATIVE OF THE ANTIFREEZE TO BE SOLD IN MASSACHUSETTS UNDER THE ABOVE BRAND NAME.

NAME OF COMPANY: _____

We are the:

MANUFACTURER () PACKER () SELLER () DISTRIBUTOR ()

NAME: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DATE: _____ SIGNATURE: _____ TITLE: _____

EMAIL ADDRESS: _____